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OFFICIAL ALCOHOL AS A STIMULANT.

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My attention was called to this subject, and much interest awakened in my mind, by a conversation held some time since with an eminent physician of this State, in which, speaking of the indiscriminate prescribing of brandy, whisky, etc., he said, "it would be more judicious and safer to prescribe diluted alcohol, instead of the various concoctions purporting to contain alcohol; as then we should have more certain knowledge of what we were doing." There is no doubt that he was right in this opinion, and his words have often occurred to me since, as I reflect on the comparative certainty we have of the purity and strength of official alcohol over the mixtures which we know in many cases are not pure or reliable.

When we take into consideration the physiological and therapeutical effects of alcoholic stimulants on the human system, and the custom that generally prevails among physicians of prescribing these stimulants in some form for various diseases, I think it is evident, and will be admitted by most of us, that the subject is worthy of careful thought and attention by the profession. And taking another aspect of the question, it behooves us to exercise a wise discretion, on account of the idiosyncracies of our patients, in order that a craving for stimulants may not be fostered or engendered, thus causing evil results in their future lives. Our course in this respect is closely observed, especially in

these days, when so much effort is being put forth to save those who are addicted to, or easily tempted to, the excessive use of intoxicating liquors.

In this paper I shall endeavor to indicate to members of the profession that by prescribing official alcohol properly diluted, we can meet the various necessities of our patients in a better, safer, and more certain way than the present form of prescribing alcoholic stimulants in the form of brandy, whisky, etc. Dr. Lucas, in a communication to the *London Medical Times*, says: "The advantages are great of prescribing properly diluted alcohol instead of brandy, etc., thus avoiding the evils and uncertainty attending the mode of administering alcoholic stimulants in the usual form." I think it will be admitted by most medical men that in whatever form we prescribe alcoholic stimulants for disease, the main purpose is to introduce into the system, for its therapeutical effect, a definite amount of alcohol which these articles are supposed to contain. Alcohol, as we are aware, is a word of Arabic origin, and is at the present time used to designate the spirituous element of fermented liquors. Chemists describe absolute or anhydrous alcohol as a colorless volatile fluid, of a peculiar odor and pungent taste. It boils at 172° , and has never been frozen, although Faraday succeeded in thickening by a cold of 166° below zero. It unites with water in all proportions, heat being evolved, showing a chemical union. Its formula is $C_4 H_6 O_2$.

Now I presume that most physicians will concede that alcoholic stimulants should be prescribed with as much care and caution, in cases of disease, as other medicines; at least, we should ex-

ercise as much caution in prescribing them; although I am inclined to think that many times we are incautious, apparently regarding their therapeutical action of less importance than other remedies we are using, whereas they may be the most potent medicine we are using in the case. It is also of the utmost importance to know the amount of alcohol in the stimulants we are prescribing; therefore, in whatever form we order their use, they should be of known strength and purity. There is no reasonable doubt that alcohol, sold and dispensed under that name by the apothecary, is of a definite strength and purity, as by repeated distillations it has been deprived of fusil oil and other impurities. I believe it is exceedingly rare to find it adulterated; at least, its strength and purity can comparatively be easily and readily ascertained, thus affording us an article that we can prescribe with confidence. Now we all know the case is far different in regard to the so-called gin, brandy, whisky, etc., that we are usually prescribing. The quantity of alcohol in these stimulants varies, depending to a great extent upon the character and honesty of those who deal in them. Nor can we as readily or easily test their strength and purity, as the process of analyzing them is comparatively complicated, on account of the variety of ingredients mixed to flavor, adulterate and cheapen them. Therefore, being aware of the difficulty of obtaining them free from adulteration or of proper strength, I take it for granted that many physicians, when prescribing alcoholic stimulants in the usual form for critical diseases, experience much anxiety in regard to their effect on the patient, knowing the result of our treatment will to a great extent be influenced by the quality of the stimulant used. Yet in many, if not in most cases, we know it is doubtful if brandy, whisky, etc., free from adulteration and of reliable strength is procured. I am persuaded that this proposition of prescribing diluted alcohol instead of the usual stimulants we have so long been in the habit of prescribing, will take many physicians by surprise, and objections will readily occur to them, some of which I will briefly consider.

It is thought the taste and odor of diluted alcohol will be repugnant and unpleasant to patients; but this could be obviated by flavoring it with some extract, essence, or aromatic tincture, or combining it with other medicine we are administering at the time, and thus it could be prescribed more definitely as a medicine, which would prove advantageous in many respects.

Again, it is claimed there are certain medi-

cinal properties in brandy or gin, which alcohol does not contain, for instance, the diuretic effect obtained from gin, and the astringent property of brandy. But in respect to this, I think we could compound with the alcohol a diuretic or astringent which would prove more beneficial, besides being more appropriate to the particular disease we are treating. The stimulant effect of whisky or brandy is asserted by many to be more speedy and decided, but careful observers inform us that the stimulant effect of diluted alcohol is more certain and speedy.

Dr. Lucas, whom I have before quoted, says, "The stimulating effect of diluted alcohol, when desired, seemed to be more marked and rapid, and more lasting, than when an equivalent of pure brandy was allowed." He says further, "If we watch the patient after he has taken three drachms of alcohol, an amount equivalent to six drachms of brandy, we notice almost immediately the pulse becomes fuller and stronger, and the limbs, which may have been previously cold, become warmer." Other observers also testify to the more beneficial and comparatively more rapid effect of alcohol. Patients declare that the effect is felt immediately, and it revives them at once.

In fact, most of the objections against prescribing alcohol properly diluted, instead of the uncertain and in many cases adulterated mixtures we have, in a measure, from custom and habit, been compelled to use so long, vanish, after thorough investigation. I feel assured that if we substituted one for the other, as I have suggested, besides being gratified and pleased at the results that will follow, we shall also be surprised, as we have been in the past over other medical changes. There are many advantages in the substitution, among which the one I have urged, viz., the definite knowledge of the amount of absolute alcohol in the stimulant we prescribe. I refer to this again because it is of the utmost importance, and it is surprising that physicians have so long been satisfied to prescribe stimulants in the usual form when we realize the indefinite knowledge of their alcoholic strength, and what necessarily follows, the uncertain effect they have in disease. Another great advantage is that it enables us more readily to adapt our stimulant to the variety of disease we are prescribing for, more particularly to each case, especially in combining medicinal agents with the stimulant at the right time.

Again, the reduced expense is of much consequence. We know there are enormous profits realized from the manufacture and sale of

spirituous liquors—profits much enhanced by adulteration. All this cost entails a great burden on the poor; and, in fact, a burden in some degree on all who are compelled to purchase them for the sick and invalid. It also involves more expense in sustaining our hospitals. It is well known that during the late war the cost of furnishing our army and navy hospitals with medicinal liquors was very great; an expense entirely disproportionate to the actual amount required or used for the wounded or sick. It was admitted to be a source of demoralization to many of the surgeons, officers, hospital attendants and nurses.

Now this would be obviated to a great extent by adopting the use of pure alcohol, excluding other alcoholic stimulants and compounds under their various names. In the case of army and navy hospitals, the comparatively compact form in which it could be kept and stored would in a considerable degree lessen the expense of transportation, which is quite a consideration, especially in regard to army hospitals, which in time of war are often moved from place to place, besides taking from them a prolific source of temptation and evil.

Finally we can, to a great extent, obviate the evils which we are accused of bringing on the community, by causing the excessive use of, and inducing a taste for, intoxicating liquors by indiscriminately prescribing the various alcoholic stimulants in the form of wine, brandy, whisky, etc. Now by substituting pure alcohol, and prescribing it in the manner and under the form of medicine which I have suggested, and judiciously framing our directions to nurses and attendants, I am persuaded that we can, to a considerable extent, prevent excess and a continuance in their use after the sickness is past. Every medical practitioner has a great responsibility resting upon him in regard to this question, and can, by exercising wise care and thought, exert much influence toward preventing the excessive use of intoxicating beverages which cause so much evil in the country.

The German Society of Public Health

(*Verein für öffentliche Gesundheitspflege*) will meet in September next, at Stuttgart, from the 15th to the 17th. The subjects for discussion are, 1. Methods of Disinfection. 2. Measures for Preventing the Introduction of Contagious Diseases from Foreign Countries. 3. The Hygienic Requirements of Boarding and Lodging Houses. 4. The Necessity of Erecting Public Mortuaries. 5. The Management of Public Bathing Establishments.

THE RELATION OF AGE AND THE SEASONAL DEATH RATE.

BY T. S. SOZINSKEY, M.D., PH.D.,
Of Philadelphia.

(Concluded from page 98.)

The following tables give the number of deaths, exclusive of premature births and stillbirths, for each month, in full, of the year, for the three years on the average, at the ages specified; also for the year 1877:—

	under 1	1-2	2-4	5-10	10-15	15-20	20-30	30-40	40-50	50-60	60-70	70-80	80-90	90-100	over 100
January.....	258.3	99.6	100.0	76.4	20.6	41.0	137.6	143.3	118.0	109.6	102.2	102.0	54.6	7.3	0.6
February.....	258.0	82.0	118.3	73.3	22.6	43.0	135.6	140.6	109.6	102.2	102.2	102.0	54.6	7.3	0.6
March.....	276.6	109.0	105.3	73.3	24.3	44.6	146.6	150.6	126.0	110.3	111.3	111.3	57.3	14.3	1.3
April.....	316.6	96.0	149.0	59.6	21.6	46.6	149.6	150.6	126.0	110.3	111.3	111.3	57.3	14.3	1.3
May.....	201.6	110.3	142.3	65.6	28.6	48.6	147.6	157.0	130.0	100.3	107.3	102.0	46.3	9.0	0.6
June.....	306.0	109.0	147.0	70.6	27.0	39.0	143.0	135.0	108.6	89.6	84.6	69.6	44.0	8.0	1.3
July.....	377.3	227.3	137.0	65.0	30.6	48.6	145.6	151.3	122.3	107.6	107.3	97.3	39.6	7.3	1.0
August.....	364.6	192.0	108.3	63.0	31.0	55.6	147.6	151.3	122.3	98.0	92.6	88.3	39.6	7.3	1.0
September.....	310.0	119.3	127.0	62.0	21.0	11.6	120.3	116.0	97.3	85.0	78.0	72.0	31.6	6.3	0.3
October.....	216.0	71.6	121.0	62.0	18.6	22.6	137.6	139.3	116.0	104.0	91.0	83.3	42.6	6.6	0.3
November.....	216.0	71.6	121.0	62.0	18.6	22.6	137.6	139.3	116.0	104.0	91.0	83.3	42.6	6.6	0.3
December.....	223.3	79.6	143.0	60.0	20.0	43.3	147.6	151.3	122.3	107.6	107.3	97.3	39.6	7.3	1.0
1877.....	291	86	109	55	17	43	143	133	94	100	102	94	54	11	1
January.....	220	80	124	55	22	46	136	166	117	101	102	100	64	4	1
February.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
March.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
April.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
May.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
June.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
July.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
August.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
September.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
October.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
November.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1
December.....	319	80	123	57	22	42	142	133	127	109	99	91	64	8	1

The statistics given, in my article referred to above, show how the mortality, in the aggregate, varies with the season of the year. The task of showing the causes at work to produce this variation in the mortality, as well as the ages at which it has occurred, is a far more difficult one, one which it is, perhaps, impossible to satisfactorily

master. There is so much room for improvement in our knowledge of meteorology, and the physiological and pathological effects on the system of its constituent elements, that it is rash to even attempt this undertaking. The writers on this subject are usually satisfied to trace a connection between the mortality and one element of meteorology, namely, temperature; but it must be clear to the appreciative reader of what precedes that any such effort is entirely unscientific. It is the duty of the physician to take into consideration the influence of each of the manifold atmospheric agents in operation in explaining the morbid phenomena which come under his observation. In an elaborate and, in some respects, a well-considered article on the relation of moisture in the air to health and comfort, by a noted civil engineer of this city, published in the *Journal of the Franklin Institute* last year, and widely copied, the following constitutes the main conclusion of the discussion: "The difficulty of absence of moisture in air that is heated in winter is a matter to be disposed of with some happiness by asserting it is not wanted." In the same article it is questioned whether electricity has any effect on the system, and it is declared that carbonic acid may be breathed with impunity. While the public ear is open to receive such stuff as this it cannot be expected that meteorology will receive serious attention from many.

The relation of the meteorology to the mortality in England has been carefully studied by Dr. Edward Smith. In his book, "Health and Disease" (1864), he has drawn the conclusion that "the foundation of seasonal disease is the varying degree of vital action proceeding within the body at the different seasons of the year;" and goes on to say that "the human system varies in its amount of vital action in a very definite manner, the maximum being in spring, the decline and the minimum in the summer, the minimum and the increase in the autumn, and a stationary elevation in the winter. Just in the like order is it exposed to the exaggerations of these tendencies. * * * As a rule, the diseases of the end of autumn are those of exhaustion, while those of winter and spring are known as inflammations, and those of autumn and the end of spring are marked by such conditions as result from rapid variation in the animal economy in its relations to the influence of external agents." I give these statements as interesting, but I believe they are only generally speaking true. They do not hold good equally well at every period of life, and in all persons

alike at any particular age. The subject is interesting, but it cannot be dwelt upon now. In an article in the *American Journal of Medical Sciences*, April, 1877, on the relation of weather changes to neuralgia, Dr. Weir Mitchell makes the assertion that spring "is, in America, the season of greatest depression of health tone." This statement, like others in the same article, is much too sweeping and indefinite. America is such an extensive country that its climate in different parts is as opposite almost as the Poles, and the effects of spring weather are very unlike in persons of different age and constitution, but it is true that more adults, at least, die in spring in Philadelphia than in any of the other seasons.

It appears that in Philadelphia the months of least and of greatest mortality among persons under one year of age are November and July, respectively; among persons from one to two, October and July; among persons two to five, September and March; among persons five to ten, August and January (May the same); among persons from ten to fifteen, October and July; among persons from fifteen to twenty, June and August; among persons from twenty to thirty, and each succeeding decade up to sixty, September and March; among persons from sixty to seventy, September and April; among persons from seventy to eighty, September and March; among persons from eighty to ninety, June and March; among persons from ninety to one hundred, August and March; and among persons over one hundred, September (October and November the same) and December. It may perhaps be stated that in adult life September is the least fatal month, and March the most. The special characteristics of these months should be carefully studied. March is not, in temperature, barometric pressure and amount of light, an extreme month, but it is such in miles of wind, and almost such in range of temperature, and is markedly variable in pressure, degree of relative humidity, direction of the wind and state of the weather. It is a transition month, and it is the one in which inflammatory diseases are most prevalent. September is the contrast of it in nearly every respect.

From the table of mortality in 1877 it appears that the months of least and of greatest mortality among persons under one year were November and July, respectively; among persons from one to two, February and July; among persons two to five, February and December; among persons five to ten, April and December; among persons ten to fifteen, January and April; among persons fifteen to twenty, June and April;

among persons twenty to thirty, September and April; among persons thirty to forty, November and March; among persons forty to fifty, and from fifty to sixty, September and April; among persons sixty to seventy, September and May; among persons seventy to eighty, October and March; among persons eighty to ninety, November and April; and among persons ninety to one hundred, September and December. I need not go into an explanation of the difference between these points in the mortality of the average of the three years and of 1877 alone, as it will be included in what follows. In this connection, the following paragraph, from the work of Celsus quoted from above—the only important medical work bequeathed to us by the Romans—will doubtless be read with some interest: "As to the different ages, children and those a little advanced have their health best in the spring, and are most safe in the beginning of summer; old men in the summer and the beginning of autumn; the young and middle aged in winter. Winter is more hurtful to old men, and the summer to youths."

In beginning my systematic analysis of the tables with the list of deaths of persons under one year for each month of the year, it is proper to observe that the number of children born is not the same month after month. The figures for a series of years show that about fourteen per cent. less births occur in Philadelphia in April than in January. April, May, June, February, March and November are the months in which the deficiency is specially noticeable. The most marked feature of the infantile mortality is its excess in the heat of summer—it is over four times more in July than in November. From the falling off in the number of deaths in the autumn months an increase begins in December, which augments until toward the end of March, when a slight decrease is observable, which lasts until near the end of May, the time in which the great summer fatality begins. It is more than probable that the autumn months present a better showing than they deserve; for the reason that the very trying influence of the two months which precede has cut off most of the feeble children. Moreover, the whole number of children under one year of age is then, especially in November, less, I believe, than at any other period of the year. Perhaps, on the whole, the spring months are the most favorable to the infant population.

Now, looking down the column of the mortality among children under one year of age, for 1877, it will be observed that it corresponds in the main with that of the average for the three years.

April and December are the only months in which the number is greater; in all the others, and markedly so in January and July, it is less. What meteorological reasons can be given for these points of difference? The unusually heavy mortality in April, 1877, may be accounted for by an unusually high mean and high range of temperature, high relative humidity, low mean and great range of pressure, much easterly and high winds and many rains. Turning to December, it is observed to have been a month in which the temperature and pressure were unseasonably high, with slight range of either, much wind from the northeast and south, and little rainy and much clear weather. The deficiency in January is accounted for by a low mean temperature of but slight range, low mean pressure with great range, high relative humidity and much westerly wind. July's deficiency may be attributed to high relative humidity, little southerly wind and many rains. The reader may profitably make a similar analysis for each of the remaining months. It would seem that very warm, dry air is extremely fatal to infants, and that the reverse is true of moist, cool air.

The bulk of the mortality of children between one and two years of age occurs in the warm months. The mortality in July is nearly three times what it is in October. The effects of the warm season are almost as manifest here as with younger children—the relative number of deaths being almost as great. All the months except May and December, in 1877, were a little less destructive to life at this age than usual. As a whole the year was slightly milder than the average; but it will be worth while for the reader to look over the meteorology of each month. May and December were dryer and clearer than usual, with greater range of barometer and thermometer.

Between the ages of two and five the month of greatest mortality is January; cold now, and not heat, which has so marked an effect up to this period, is most fatal. The fatal influence of heat, however, is still apparent. During this period, and in every succeeding one, there is a notable October increase in the death rate. March and December are the only months of 1877 in which the mortality is above the average for the three years; in all the others it is less, just as at the last period.

Between five and ten the effect of heat is imperceptible; but the reverse is true of cold. Least deaths occur in August, and most in January (same in June). Few of the diseases which are fatal at this period of life prevail to any

great extent during the heat of summer; scarlet fever, diphtheria, measles, etc., prevail most in the colder months. All the months except December, of 1877, are below the average in mortality.

From ten to fifteen, as well as from fifteen to twenty, and in each succeeding decade, the bulk of the mortality occurs in the spring and early summer months. At this period cold is little felt, but it would seem that heat is, either directly or indirectly, for July presents most deaths. The mortality in each of the months, except September, of 1877, is less than usual. October is, as it should be, the month of fewest deaths, and April counts most.

From fifteen to twenty the mortality does not vary much from month to month; the range is only ten. In 1877 there was an observable falling off in the number of deaths in February and October. The first of these months was warmer, drier, with less range of pressure, more northerly and westerly winds, and more fair and clear weather than usual. The leading characteristics of October were a high mean temperature and humidity, with a large rainfall and little east wind.

From twenty to thirty the spring and early summer excess in the death rate is more marked than during the last period. In 1877 there was a reduction in the number of deaths in March, September, October and November—months which were, with other characteristics, warmer than usual. In an able article, entitled "Waves of Heat and Waves of Death," by Dr. B. W. Richardson, published in the *Popular Science Review* in 1865, it is said that "up to the age of thirty years variations of temperature exert no influence on the mortality of the population generally [of England], but after the age of thirty is reached then a fall of temperature which is sufficient to cause an increased number of deaths acts in a given manner—as it may be said, in waves or lines of intensity, according to the years of the people. If we make these lines nine years long we discover that they double in force at each successive point. Thus, if the fall in the temperature be sufficient to increase the mortality at the rate of one person of the age of thirty, the increase will run as follows: One at thirty; two at thirty-nine; four at forty-eight; eight at fifty-seven; sixteen at sixty-six; thirty-two at seventy-five; sixty-four at eighty-four." That the death rate of persons under thirty years of age, and especially in the very young in Philadelphia, is largely influenced by both extremes of temperature, is very clear from what precedes, and the

same is true, but less emphatically so, in London, as shown by the laborious analyses of Dr. Mitchell and Mr. Buchan.

From thirty to forty, March, July and December are the months in which the excess in the number of deaths is particularly noticeable. This statement holds good for 1877, except in the case of July—a month in which the deaths were considerably less than usual. The three maxima were observable in the last decade. The variable weather of March, the high heat of July, and the increasing cold of December, are apparent in the death rate among persons from twenty to forty.

From forty to fifty the October rise in the death rate does not increase, but it holds its own until the end of January, when there is a slight abatement, which is replaced by a marked increase in March, toward the end of which a decline begins and continues until the end of June, when the heat is apparent in a slight increase. Except in April and June, in each of the months of 1877 there were fewer deaths than usual.

From fifty to sixty the leading features of the death rate are the same as in the preceding decade. Except in April, October and November, there were fewer deaths than usual at this period in each of the months of 1877.

In persons approaching their threescore and ten years, the growing cold of the winter months makes its mark; and the increase continues until toward the end of April, when a decrease sets in and continues until the heat of July comes, when an increase is observable. A somewhat similar statement applies in 1877, but there were fewer deaths than usual in January and August.

From seventy to eighty there is a marked increase in the death rate from November forward until toward the end of March, when a downward turn begins, and continues until near the end of June, when the heat begins to cause a rise. In 1877 there were fewer deaths than usual in the fall months.

In persons eighty and over the death rate increases gradually from toward the end of October until toward the end of March, when a decrease sets in, which continues until the end of September. In nearly all the months of 1877 the death rate among persons at this period of life was less than usual; in April only was it noticeably more.

Such is a brief synopsis of the leading features of the seasonal mortality at different ages, together with the bearings of particular meteorological

logical conditions upon it in the city of Philadelphia. From the data given the reader can readily complete for himself any deficiency which he may perceive in the analysis given. All the figures given may be relied upon as correct; they have been prepared with great care, and no little labor has been spent in their preparation.

HYPODERMIC MEDICATION IN CHOLERA MORBUS.

BY JOHN C. PEARSON, M.D.,
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It is often said and written that the result of the treatment of isolated cases is frequently of little or no value in deciding upon the efficiency or non-efficiency of any particular line of therapeutic measures. But, on the contrary, when any plan of medication always, or, at least, very nearly always, is followed by certain definite, favorable and successful effects, we are fully warranted in the conclusion that such effects are the results of the application and use of the plan; that the certain relation of cause and effect is fully established. Most especially may this very justly be claimed when any special plan of treatment has in any special pathological condition been, through long years of trial, uniformly successful.

The writer hereof is led to make these reflections when he takes a long retrospect, of some years, regarding the morbid condition whereto we give the name of cholera morbus, and his treatment of the same.

Some years ago, during that period of a summer when Sirius, the dog star, was in the ascendant, and on one excessively hot afternoon, I was sent for to see a German, and a most esteemed and valued friend, who the messenger said was sick as "de tyful, and he go so dead," imitating, as he imparted this information, the actions of a dying man as near as he could, by closing his eyes, throwing back his head and spreading out his hands with a spasmodic jerk!

Upon my arrival at the house of my patient, and a hasty examination, I would at once, and without the least hesitation, have diagnosed the case one of genuine Asiatic cholera had any cases of that dread disease been prevailing in the neighborhood at the time; for the patient before me had every characteristic symptom of the same to a high degree—at least, such appeared to be the case upon a first and rapid examination; and it was not until I had made a more thorough inspection of the symptoms that I diagnosed that I had an extremely severe case of

cholera morbus to combat. He was most severely cramped in the abdomen, legs, arms and feet; vomited, almost incessantly, matter looking like soap suds; had frequent and copious evacuations of rice water appearance from the bowels; hands and arms cold to the elbows, and feet and legs cold to the knees; almost pulseless at the wrist; great drops of cold, clammy sweat stood upon his face, and he was suffering most excruciating agony, as his complaints and outcries, and extreme restlessness and anxious countenance most clearly indicated.

At that time the little hypodermic instrument had not come to be used so much and frequently as it has since the period whereof I write, and I had never used it in cholera morbus, nor had I ever read or heard of it being used in the same; but it occurred to my mind that it *might* give relief; that I would try it; it wouldn't take long to try it, and if it failed, I could resort to other measures. Acting upon this self-made suggestion, I promptly and without delay injected into the subcutaneous tissue of the arm a half grain of morphia sulph. and the fortieth of a grain of sulph. of atropia, and sat down to wait for a few minutes for the result. I had not long to wait, however, for in five minutes' time the cramps, the vomiting, the purging, the jactitation had all begun to lessen, and in twenty minutes more *every one and all of the symptoms had ceased entirely.*

Never before had I been so greatly surprised as I was at the effect I had obtained, and for some time expected a return of the symptoms, having no confidence in the permanency of the good I had accomplished; but there was never a return of any of them, and I absolutely gave my patient no other medicine than that aforementioned, excepting a little for a slight consecutive fever of twenty-four hours' duration.

The results obtained in this case were so very much better than I had dared to hope for, they so quickly followed the administration of the remedy that, for some time subsequently, I was disposed to regard the sudden cessation of all the symptoms as a possible coincidence, but yet felt determined to repeat the treatment, the result of which had so greatly surprised me, the next time a similar case should come under my care. And not many days elapsed before an opportunity was afforded me of further trying the same treatment in a similar and nearly as severe a case. The effects that followed were fully as prompt, decided and lasting; and during the remarkably hot weather of that summer and autumn I had frequent opportunities of further

testing the efficiency of the hypodermic treatment of cholera morbus, and it never disappointed me, though occasionally I would have to repeat the dose before I would obtain entire relief for all of the symptoms. And since that time, ten years ago, I have always similarly treated cholera morbus, and always successfully and permanently so, and generally without the occurrence of consecutive fever.

And for some years past, when I have been summoned to a case of vomiting and purging, I go feeling assured that I will be able to give relief in a short while, with but little trouble and delay, and without bringing into requisition any of the old fashioned and old foggy therapeutics of past years, such as "broken doses" of calomel, cayenne pepper, rubefacients of turpentine and ammonia, hot bottles, hot bricks, *et id omne genus*, a plan that necessitated twenty-four hours' time, resulted in the patient getting all the skin rubbed off his legs and arms, and sometimes left him with an infernally sore, salivated mouth and swelled tongue, wherewith to curse, in thickened accents, that "d—d doctor" for salivating him so badly!

I have heretofore reported the treatment of one case of cholera morbus, upon the plan herein mentioned, in the REPORTER, but do not recollect of having ever seen any accounts of similar treatment for that disease by other physicians, though I suppose that others may have adopted and practiced it. I have very often pursued the same plan for the relief of long-continued and obstinate vomiting, the result of different causes, and successfully in most of the cases, especially those cases denominated "bilious vomiting."

HOSPITAL REPORTS.

HOSPITAL OF THE COLLEGE OF PHYSICIANS AND SURGEONS, BALTIMORE. HYSTERIA.

A clinical lecture by A. B. Arnold, M.D., Professor of Clinical Medicine and Diseases of the Nervous System, College of Physicians and Surgeons, Baltimore.

REPORTED BY J. W. PLUMMER-BATES, M.D.

Hysterical Convulsions—Moral Depravity—Self-inflicted Injuries—Vasomotor Disturbances.

This young girl was sent here by a medical friend, from whom the following history was obtained. A few weeks ago she came under his treatment for a sore arm. He found the whole inner side of the left arm covered with an eruption resembling a crop of large-sized pemphigus. Above the bend of the elbow he observed, also,

some small, brownish-looking spots, which felt hard to the touch, and proved to be the ends of needles, that were easily extracted. The skin eruption showed little tendency to heal, and as the girl had no means of support she was sent to this hospital. The patient complains of severe pain in the affected arm, which she describes to be of a burning and tingling character. From the shoulder to the tips of the fingers there is almost a complete denudation of the skin. In a few places there still exist some unbroken blebs. The arm is considerably swollen, especially at the elbow joint, which is immovable, and keeps the limb in a state of semi-pronation. During the second night after her admission she was attacked with spasms, but they had already ceased before the house surgeon saw her. On examining the arm, he detected a number of fine punctures on a portion of healthy skin, from which protruded the ends of needles. The girl stoutly protested her innocence when she was accused of having introduced the needles herself. I witnessed one of her convulsive seizures, which was of a decidedly hysterical character. She deliberately threw herself on the bed and began a series of disorderly movements, in which her whole body seemed to be engaged. There was plenty of writhing, twisting and jerking; a hissing noise escaped from between her clenched teeth; the eyes were turned upward, so that only the white could be seen. Occasionally she would scream and stare about, and then point to her epigastrium, which was probably the seat of uneasy sensations. Pressure over the ovarian region did not arrest the paroxysm. The only symptom which remained after the patient had fully recovered was extreme dilatation of both pupils. Very little could be ascertained concerning her family history. She is only eighteen years of age, and has evidently led a wandering and dissolute life. Not the slightest traces of a venereal taint could be discovered on her body. Her menses are regular; all the other functions are normal, and for a person of her position in life she is quite intelligent. She has, however, a downcast look, her movements are sluggish, and her speech has a whining tone.

Hysterical Paraplegia, Hemi-anæsthesia, Analgesia and Trance.

Not long ago a case of hysteria came under my observation which is an instructive example of another and not uncommon form of this malady. The patient is an unmarried woman, about 20 years of age. According to her mother's account, she had given her family much trouble. Among the medley of disorders to which she has been subject I will only mention a few of the more important. For a considerable time she had suffered from neuralgic pains of the back and lower extremities, which suddenly ceased on the occurrence of paraplegia and frequent retention of urine, that confined her to bed for many months. At present no motor paralysis exists, but there is hemi-anæsthesia of the whole of the right side of the body, analgesia of the face of the same side, and dorsal aspect of both extremities. For instance, when a needle is deeply thrust into the skin, or when the flame of a candle is held near the part, she evinces no

signs of pain. She also cannot distinguish thermal differences; cold and warm substances placed on the affected side only produce the sensation of faint tactile impressions. Sometimes she is overcome by a deep sleep, which alternates with a condition resembling trance. After coming out of this somnolent state she is restless, peevish and morose, moans, and behaves like a crabbed child that cannot be pacified, and finally she insists on being taken to her mother, for whose fondling and caresses she seems to crave.

Hysterical Asthma—Convulsive Attacks and Delirium.

You will probably recollect that at a former clinic I introduced a boy 15 years of age, who suffered from repeated attacks of asthma, which differed from the ordinary spasmodic type, and could not be traced to any recognizable disease of the thoracic organs. The only other symptoms which accompanied the extreme oppression of breathing, and disappeared with it, were a tumultuous action of the heart, and a severe pain over the cardiac region. The boy had been afflicted with these seizures for the last two years, and during that time the real nature of his disease could not be satisfactorily determined. Since then another group of very significant symptoms developed, that greatly helped to clear up the diagnosis. The labored respiration, the pain and violent action of the heart still open the scene, but these symptoms are now quickly replaced by a semi-unconscious condition and non-rhythmical convulsive movements. At intervals he is delirious, yells and calls for help, then suddenly his face lights up in smiles, he rises from his bed, nods his head, gesticulates with his fingers, and as a finale bursts into a fit of sobbing. It is noteworthy that the repetitions of these hysterical attacks exhibit a uniformity in the order and character of the symptoms. The mother of the boy thinks that his ailment was caused by one of his companions who had played some trick upon him.

However well marked these cases of hysteria really are, yet it cannot be said that they are typical examples of this disease; for hysteria is protean in its manifestations, and strange enough, its apparently unessential symptoms are the most significant. And, indeed, how is it possible to give a true clinical picture of a malady that simulates nearly every known disturbance of the nervous system; affecting sometimes the intelligence, though more frequently the emotions and the will; inducing derangement of common and special sensation, and of the motor functions, and thus presents disorders variously combined and manifold in their character. It is also a peculiarity of hysteria that some of its symptoms may be merely of an isolated or localized description, such as sudden blindness, asthma, vomiting, etc., or counterfeit disease of the spine or of the joints. In view of the remarkable variability and complexity of the hysterical symptoms, as well as their frequently sudden appearance and evanescent character, it is not surprising that no distinctive lesion of this disease has as yet been discovered. The old notion that hysteria, as its name indicates, always depends

upon some uterine derangement, and is therefore limited to the female sex, is now generally abandoned. By nearly common consent this disease is provisionally classed among the neuroses, with which it has many points of agreement—chief among them being a peculiar susceptibility of certain portions of the nervous system to functional derangement, or, speaking more specifically, there probably exists a morbid excitability of the cerebro-spinal axis which readily disposes to reflex action from slight irritation. Of course, suppositious reasoning of this sort goes but a little way to indicate the pathology of neurotic affections; hence, for the want of a more substantial explanation, we must be content to retain the misnomer, hysteria, as merely denoting a tolerably well defined disease, based upon clinical observations.

The diagnosis of hysteria would be an easy task were it not for the frequent occurrence of isolated symptoms of this disorder unattended by others that usually serve as a clew. This is well illustrated by the cases I have brought before you.

Let us compare their symptomatology, and inquire on what grounds the diagnosis of hysteria is founded in each of them, although their morbid phenomena do not seem to have much in common. Bearing in mind the mental peculiarities, the impulsive proclivities and incalculable conduct of the hysterical, the repeated wounding of the arm in the case of the girl would be quite in keeping with these morbid characteristics, and if any doubt remained of the correctness of this inference it would at once be removed after having witnessed the significant convulsive attacks. The tendency to malingering, of which the hysterical are accused, receives its true interpretation when considered in connection with other signs of the malady. It is not so much the concrete example as the evidence it affords of a deterioration or perverseness of the volitional energy, which is of importance. From the same source originates, also, that moral obliquity observed as an occasional phase of hysteria, which may consign the victims to the disreputable and even dangerous classes of society. There is no trenching upon the province of the moralist when the clinician acknowledges an intimate relation between the hysterical diathesis and unhappy propensities. Many an incorrigible female who is unfortunately under the sway of the hysterical element, may be for a length of time a puzzle as well as a source of mortification to her family and friends, until the enlightened physician recognizes the true state of the case.

Applying these considerations to the unraveling of the psychical condition of our patient, it becomes less difficult to account for the reprehensible conduct and the practices of dissimulation and imposture of one of her age and sex. Eminent authors, among whom Griesinger and Maudsley may be mentioned, consider hysteria a form of insanity. That hysteria may develop into insanity there cannot be a doubt; but the medical profession does not recognize this affection as a mental disease when short of unmistakable evidences of unsoundness of mind. The cutaneous eruption of the arm, and the swelling

and stiffness of the elbow joint, must be considered as incidental occurrences resulting from the needle punctures that wounded the so-called trophic nerves, or at least occasioned vaso-motor disturbances.

Since the publication of Weir Mitchell's admirable work on "Injuries of Nerves," we have become acquainted with skin affections and changes in other tissues that are produced by the wounding of superficial nerves. No one who is at all familiar with the physiognomy of an ordinary hysterical fit would hesitate to declare the convulsive seizures of the girl to be of that description. There are points of resemblance between the hysterical and the epileptic convulsion, but hysteria always impresses its own stamp upon symptoms that betray their true character. The hysterical paroxysm is often the culminating effect of a provocation; the convulsions present only a quasi appearance of tonic or clonic contractions, and seem to be not completely beyond the control of the will; consciousness is not entirely in abeyance; nor does the hysterical fit, with the exception of those rare instances of hystero-epilepsy, present that horrible and repulsive sight which is so characteristic of the epileptic seizure. Certain minor differences deserve also to be mentioned. The epileptic cry occurs only at the onset of the attack; the hysterical screaming often continues throughout the whole paroxysm. Biting of the tongue is unusual in hysteria. The epileptic comes rapidly out of his convulsive condition, and may then either fall into a heavy sleep or be speedily restored. Hysterical convulsions, as a rule, last much longer and frequently terminate after a fit of laughter or sobbing.

The second case presents the comparatively rarer symptoms of hysteria, such as motor and sensory disturbances, and trance. Their hysterical nature is principally revealed by the clinical history of the case. It is an important hint to diagnosis when paralysis occurs in a nervous female after some mental shock, or when it is preceded or accompanied by other well known hysterical symptoms. The obstinacy of these nervous affections is sometimes very great, which seems to be quite at variance with the supposition that no palpable lesion exists, but the latter is supported by the curious phenomenon that hysterical patients who were bed-ridden for a great length of time, with paralysis, have recovered the use of their limbs instantaneously, under the influence of a mental or rather a moral impression.

No little embarrassment was felt, in the case of the young lad, to interpret correctly the respiratory and cardiac symptoms that preceded the development of the more recognizable features of hysteria; and among the latter the apparently trivial event of sobbing, which seemed to relieve and quiet the nervous commotion, served as a valuable guide to diagnosis.

There is certainly some risk in allowing a too great latitude to the term hysteria, and it is especially important to remember that not only are the earliest stages of organic affections of the nervous system frequently masked by symptoms of an obscure character that may easily be mistaken for hysteria, but even the slow develop-

ment of chronic diseases in females, such as phthisis pulmonalis and cancer of internal organs, may lead to a similar diagnostic blunder.

A carelessness in the use of the words "hysterical" and "nervous" generally prevails. When we speak of a nervous temperament we mean an exaggerated excitability of the nervous system which is still within the limits of health; but when, in addition to this certain well understood phenomena of a neuropathic character are apt to be developed we recognize the hysterical disposition. This distinction, however, cannot always be carried out, and practically it is of little importance.

In regard to the treatment, I share the opinion of those who look upon the hysterical as actual sufferers. From my personal experience I have nothing to add to the well intentioned suggestions and other edifying reading you will find in the books concerning the educational and disciplinary management of children who show a hereditary tendency or predisposition to hysteria. The "moral therapeutics" of established hysteria, I am inclined to believe, consists of that subtle influence exerted by a certain address or aptitude on the part of the physician, which secures the confidence of his patient. This is probably the reason why some practitioners are particularly popular with the hysterical. It is hardly necessary to allude to the importance of paying attention to the functional derangements of the female generative organs in cases of hysteria. In a great number of cases no such derangements exist, and according to my experience, the instances in which the skill of the gynecologist was alone sufficient to cure form the exception. Many hysterical persons require a general tonic treatment, which suggests the use of iron, strychnia, phosphorus, cod-liver oil, etc. Whether these remedies, however judiciously selected, exercise any direct beneficial influence on hysteria proper, is another question; for a considerable number of nervous and hysterical people present the appearance of perfect health. Unaided nature comes promptly to the rescue of the hysterical convulsion, and the only service which the hastily summoned physician can render to the patient is to ward off mischief and to discourage the officious meddling of spectators. Among the latter I include the popular practice of forcibly closing the mouth of the patient and throwing buckets of cold water over the body. Electricity has recently been employed with success in aphonia and other forms of local hysterical paralysis. The bromides are now extensively used in hysterical spasms, and always deserve a fair trial. Of late I have given preference to the bromide of zinc, beginning with gr. 1½ twice daily, and gradually increasing to grs. 4. It must be administered in pillular form. The electric brush is especially valuable in anaesthesia. In praise of the traditional anti-hysterical remedies, this much can be said, that it is far preferable to prescribe assafoetida or valerian than to expose hysterical females to the dangerous fascination of alcoholic stimulants, which, undeniably, produce a calming effect on the many disagreeable sensations from which these patients constantly suffer. For a similar reason it is advisable to use narcotics

sparingly, though they are sometimes indispensable. Every one has some favorite combination from this class of drugs, which the hysterical patient is recommended to keep on hand for emergencies. The following I have found to answer the purpose very well:—

R. Ext. valerian, fl., ʒj
Ext. sumbul, fl., ʒss
Tinct. castorei, ʒvj
Spt. ether. chloric, aa
Syr. aurant. cort., ʒiij. M.
Sig.—One teaspoonful, frequently repeated.

EDITORIAL DEPARTMENT.

PERISCOPE.

Treatment of Cholera Infantum.

On this subject Dr. G. A. Moses observes, in the *St. Louis Courier of Medicine*—

Without combating at present the contrary recommendations, suffice it to say that the plan of Dr. Dewees, described in his admirable treatise on Diseases of Children, has proved more satisfactory to me than any other. That is, at the outset, small doses of calomel, one-tenth to one-fourth of a grain every hour until the character of the evacuations is improved. In addition to this, when the stomach is very irritable, a mixture containing a small quantity of calcined magnesia in cinnamon water, or a weak, very cold solution of bicarbonate of soda, taken every fifteen minutes, will frequently answer an excellent purpose. No food should be permitted, not even the breast, until the choleric symptoms shall have been much diminished. Cold egg water, made by breaking the white of a fresh egg into a glass of water and tossing this from glass to glass until thoroughly mixed, made very cold with ice, may be administered in teaspoonful doses at short intervals. This will allay thirst, and not irritate. Food is of no service, but of harm, as digestion is impossible.

When the mucous infiltration shall have subsided, as will be evinced by diminished frequency of discharges and the appearance of the yellowish-colored succus entericus, the calomel may be given at greater intervals, and a simple astringent mixture, such as the *mistura creta*, with or without a very small quantity of opium, may be administered; but both for the purpose of relieving pain, securing sleep, and allaying nervous irritability, I prefer the bromides or chloral.

Treatment of Nocturnal Seminal Emissions.

In an article in the *American Practitioner*, Dr. F. J. Bumstead gives the following directions—

In all cases of frequent nocturnal emissions the genital organs should be examined, and whether phimosis exists or not, if the prepuce be long and redundant, circumcision is to be recommended. A very marked varicocele may also render surgical interference desirable.

The hygienic rules to be given to the patient are very simple. It is better that the most substantial meal in the twenty-four hours should be taken at noon; the supper should be light, and

food and drink be entirely avoided in the evening; the bed-chamber should be well ventilated, a hair mattress preferred to a feather bed, and much covering avoided. The patient should sleep upon his side, and not upon the back; a small pillow placed between the knees, so as to separate the thighs and prevent the scrotal organs from becoming heated, is sometimes desirable; and the patient should rise as soon as he wakes, emissions occurring most frequently during the semi-consciousness of the early morning nap.

Tobacco in every form should be prohibited, since it not only increases the general irritability of the nervous system, but appears to have a direct influence in diminishing the tone of the genital organs, and thus favoring seminal emissions.

Above all, as already stated, the mind of the patient should be distracted from his complaint by constant occupation, and his general health be promoted by a plain but nourishing diet, and by daily outdoor exercise, not carried to fatigue, since it is found by experience that when the strength is exhausted an emission is more likely to occur.

Many of these patients also have constipated bowels, and means should be taken to secure a daily stool.

As a rule, no other measures than the above are required. It is to be understood, however, that any weakness and irritability of the nervous system may require the administration of tonics, a change of climate, etc. For this purpose I have found the two following prescriptions of good service:—

	GRAMS.
R. Ferri et quiniæ citrat., ʒiij	12.
Strychniæ sulph., gr. j	.06
Acidi phosphoric. dilut., ss	15.
Syrup. aurantii, ij	75.
Aquam ad., ʒiv	145. M.

Sig.—A teaspoonful (5.00) in water, after each meal.

	GRAMS.
R. Strychniæ sulph., gr. j	.06
Acidi phosph. dilut., ʒiij	90. M.

Sig.—A teaspoonful (5.00) three times a day, after eating.

The tincture of the chloride of iron, and also ergot, have been supposed, and I think justly so, to have a special tonic effect upon the genital organs; but they must be given in large doses, as, for instance, from half a drachm to a drachm (2.00–4.00) of either the tincture of iron or the

fluid extract of ergot (Squibb's), in water, after each meal. They may be combined, as in the following prescription:—

	GRAMS.	
R. Tr. ferri chloridi,	3 iij	90.
Ext. ergotæ fl. (Squibb's)	3 iij	90. M.

Sig.—A teaspoonful (5.00) in water, after each meal.

As a direct means of diminishing the frequency of the emissions, however, the following is often found to be most efficacious:—

	GRAMS.	
R. Potassii bromidi,	3 j	30.
Tr. ferri chloridi,	3 j	30.
Aquæ,	3 iij	90. M.

Sig.—From one to two teaspoonfuls (5.00-10.00), in water, after each meal, and at bedtime.

Mention has already been made of the advisableness of circumcision when the prepuce is long. It may also be found, upon the introduction of a sound, that the urethra is over sensitive, especially in the prostatic region. In such cases the introduction of a cold sound of full size, at first every third or fourth day, and afterward with greater frequency, will generally afford relief to the hyperæsthesia. I sometimes inject into the prostatic urethra about ten drops of a solution of nitrate of silver of the strength of twenty grains (1.30) to the ounce (30.00) of water, by means of a deep urethral syringe, or Guyon's flexible catheter and syringe. The severe cauterization with the *porte-caustique* of Lallemand should by all means be avoided.

The Advantages of Alcoholic Surgical Dressings.

In the *Western Lancet*, July, Dr. A. E. Regensburger brings forward some evidence to show that alcoholic dressings are a prophylactic against erysipelas. He adds:—

Alcohol possesses three advantages over many other dressings, which may be briefly formulated. 1st, simplicity; 2d, cleanliness; 3d, absence of all odor. Unquestionably, something that cannot be said of many of the complicated dressings in use at the present day. To convince one's self of the correctness of the above assertion, having used or having seen it properly employed for a short space of time, is all that is requisite. In applying this dressing all that is necessary is some alcohol and some charpie—no spray producers or other elaborate or costly paraphernalia. The piece of charpie is moistened with alcohol, and the wound, after being otherwise properly arranged on general surgical principles, is covered with it. The dressing is changed two or three times in twenty-four hours, care being taken to keep the charpie continually saturated with alcohol. In France a great many use *eau de vie camphrée* instead of alcohol alone. Whether the camphor adds anything to the efficacy of the alcohol I am not prepared to say; but I am rather inclined to think that it does not. Contrary to what one might suppose, the pain occasioned by the application of alcohol to a wound is not severe. The first two or three applications cause a slight smarting sensation, after which it is *nil*. Possessing all these ad-

vantages, and very few drawbacks, we trust that this method may receive a trial by the profession on this coast, and if it responds to the hopes entertained of it, that it may be used universally.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—The Atlas of Histology, by Dr. E. Klein and Mr. E. Noble Smith, part v., embraces striped and unstriped muscular fibre and medullated nerve fibre. The illustrations are exquisite, as usual, the text brief and clear. Philadelphia, J. B. Lippincott & Co.

—The President's address before the American Medical Association, at Atlanta, was by Dr. Parvin, and his topic was "Philosophical Problems in Medicine." It is now out in pamphlet form. That it is learned, nobly inspired and gracefully written, all will find who read it; that it solves any of the problems it touches, nay, that it even states the more important of them fairly and in the true spirit of science, we are forced to deny. For instance, the logical necessity of assuming intelligent design in order to explain the adaptations of nature is wholly rejected now, even by many theologians.

—Dr. John Van Bibber, of Baltimore, read a paper last April, before the Medical and Surgical Faculty of Maryland, which that body refused to publish, so the author now issues it himself. Its title is "The Future Influence of the John Hopkins Hospital on the Medical Profession of Baltimore." Why the Faculty wouldn't publish, may be judged from the following extracts: "If we regard the present state of the medical profession in this city, we see it in almost the same condition as we might expect to find the profession of a much more obscure and less populous community. * * * Having no centre of observation and research, the literary efforts of medical men here have been meagre, scanty and unimportant. Though some few have attained eminence, it has been, with one exception, merely local, and the efforts of these students have been lost in the routine of exacting and laborious duties. During the last fifteen years the standard of medicine here has even descended lower."

The Faculty should have remembered that if these statements are without foundation they will be without effect; and if true, they deserve publicity. In either case their timidity about meeting the issue is not in their favor.

BOOK NOTICES.

Lessons in Gynecology. By William Goodell, A.M., M.D., Physician of Preston Retreat, Professor of Clinical Gynecology in the University of Pennsylvania, etc. Philadelphia, Pa., D. G. Brinton, 115 South Seventh street, 1879. pp. 380. Illustrated. Price, cloth, \$3.00; leather, \$3.50.

Philadelphia, the oldest seat of medical instruction in the United States, has given the profession, during the present century, but three works on diseases of women, the authors of these works being Dewees, Meigs and Hodge. Nearly a score of years has passed since the first edition of Dr. Hodge's treatise was issued, and the silence of Philadelphia teachers, that had become painful, if not punishable, is now broken. And he who breaks this long silence is also a teacher in the honored University in which Dewees and Hodge were themselves instructors, but teaching diseases of women very differently, indeed, from the way in which they were taught by his illustrious predecessors. It is well that some men who hold prominent positions are sensible of the truth that they are debtors to the profession, and that censure, both public and private, is sure to come upon them if they take, through a long series of years, the honors and the rewards of those positions, and keep their treasures of knowledge and experience merely for their classes and their private gain.

Dr. Goodell's handsomely printed, neatly bound volume (of nearly four hundred pages), is dedicated to S. Weir Mitchell, M.D., and is entitled *Lessons*. Is the title wisely chosen? A few years ago a translation was made of the *Lçons* of Velpeau, and published under the name of *Lessons*. A New York reviewer, who did not thereby end his life, criticized very severely the term—a reviewer sometimes is thought nothing unless critical—condemning it, however, chiefly, our memory not being in fault, as a mis-translation of *Lçons*, though really the error is more apparent than real, for probably our word lesson is simply *leçon* Anglicized. As several of the papers composing the volume were occasional contributions to medical journals, the term clinical lectures, which would be appropriate to most, would not include these. So let *Lessons* remain, for we believe the word has been wisely chosen. It is one of the author's rare gifts, acquisitions we had better say, to be able to use the right word; a homely word it

often is; again, a word so little in use as to be almost if not quite obsolete, but still generally the right word; a word carrying a light so clear that the thought is made plain. He calls a spade a spade; yes, and for this matter too, he calls a *spayed* a *spayed*, unless Albert H. Smith's criticism at the last meeting of the Pennsylvania State Medical Society shall induce him to renounce such great plainness of speech!

The first of the twenty-nine lessons constituting the book is devoted to *Gynecological Instruments*. We make no remarks upon the collection of instruments advised by Dr. Goodell, save that we would include Emmet's curette forceps and Neugebauer's speculum in the list, and exclude Eliot's repositor, which we believe is a good instrument to avoid using. We must confess too, to a moment's doubt of the author's rhetorical infallibility, when we come to the word "applying," on page 22; a word made for the occasion from the obsolete verb *applicare*: *applying* is, however, no more objectionable than *eventuate*, which has found a permanent place in American English.

The second lesson is upon *Caruncle and other Affections of the Female Urethra*. The chapter is excellent throughout; excellent in language,* clear and valuable in instruction. One must be struck with the apparent contradiction between the statement here made by Dr. Goodell, as to prolapse of the mucous membrane of the urethra, occurring most frequently in children, and that of Dr. Skene, *Diseases of the Bladder and Urethra*, that the few cases of the accident he has seen were in women over fifty years of age. Doubtless Dr. Goodell's statement is correct, and a conclusion drawn from Dr. Skene's experience would be erroneous. For our own part, we have never seen such prolapse, except in children. We do not quite coincide with Dr. Goodell in the treatment of the affection—"snipping off a strip of the prolapsed mucous membrane, or one or two applications of nitric acid in a narrow streak around its whole circumference." That may do in the slightest cases of the displacement, but when you have a tumor the bigness of the end of the thumb, and tormenting vesical distress, with partial retention of urine, *tempus non eget acido nitrico vel strip-o*, speaking after the manner of the Roman poet. Then a catheter must be introduced to relieve the bladder, and retaining the instrument, ligate as proposed by Sequin, the mass around it, a mass already possibly threatening to slough.

* And yet we are inclined to put an interrogation point on p. 22, after "visually inspect."

The third lesson, *Vesical Diseases of Women*, contains in eight or nine pages a wonderful amount of plain, practical, invaluable instruction.

Fistulæ of the Female Genital Organs are considered in the fourth lesson. We venture the assertion that no matter how much one may have studied the abundant literature of these fistulæ, nor how great his practical experience in their treatment, he cannot read this chapter without acquiring some new knowledge; while to the student entering upon the subject for the first, there is given as good a presentation of it as can be found anywhere, one that will readily and indelibly fix itself in his mind.

The fifth lesson includes *Closure of the Vulva for Incurable Vesico-vaginal Fistulæ; Tumors of the Vulva*. In introducing the history of a case of incurable vesico-vaginal fistula, in which he proposed (and subsequently executed), closure of the vulva, and perforation of the recto-vaginal wall, so that the urine should be discharged into the rectum, and thence evacuated, Dr. Goodell remarks, "I am emboldened to recommend this step, because a very analogous operation had succeeded in the hands of my friend, Dr. W. W. Keen. His patient had an incurable vesico-vaginal and recto-vaginal fistula. * * * I aided him in closing up the vulva, and he has since told me that she is now able to hold her urine in the rectum for hours before voiding it." But it ought to be remembered that Da Costa Dwarthe, *Des Fistules Génito-urinaires chez la Femme*, in 1865, proposed the very operation executed by Dr. Goodell, and that Baker Brown had demonstrated in 1860, in the *London Lancet*, April 19th, 1862, page 402-3, the same fact which Dr. Keen subsequently did.

The sixth and seventh lessons are upon *Lacerations of the Female Perineum*. We miss any notice, in the description of the secondary operation, of the admirable method of Dr. E. W. Jenks, late of Detroit, now of Chicago, for denuding the surfaces to be brought in union. We find, too, that Dr. Goodell is an advocate for keeping the bowels confined after perineoplasty, an old and general practice which, however, some excellent authorities, Lawson Tait, for example, are discarding.

Chronic Metritis and Endometritis are discussed in the eighth lesson. The chapter is practical, contains many useful formulæ, and amply repays, not only careful perusal, but study.

Versions and Flexions of the Womb, Dilatation of the Cervical Canal, Pessaries and Ab-

dominal Supporters bring us to the fourteenth lesson, which is upon *Prolapse of the Womb*. When we read, in reference to supporters, this able University teacher's words, "Within a few years I have become convinced that much advantage can be gained from a judicious use of braces as adjuvants to the treatment of uterine disorders," we could not help thinking that if ever the graves of the dead could be disturbed by the utterances of the living, these words would surely disturb the rest of that venerated teacher, Dr. Hugh L. Hodge. How often, how earnestly he declared to his classes that the cavity of the abdomen was a *plenum*, and any pressure upon the abdominal walls from braces, bandages and supporters, so far from remedying, would surely aggravate uterine displacement!

Prolapse of the Womb, considered not only in the fourteenth, but also in the fifteenth lesson, presents some controverted points, especially since the utterance of Dr. Emmet in his recent work, to the effect that amputation of the cervix, except in cases of malignant disease, is malpractice, a declaration that the profession will be very slow to accept. This and other matters of dispute would require more space and time for proper consideration than we have at our command.

Laceration of the Cervix Uteri is the subject of the sixteenth lesson. The profession is debtor to Dr. Goodell for the remarkably clear exposition of this important and not uncommon lesion and its treatment.

The seventeenth lesson has for its subject *Cancer of the Womb*. Lord Bacon urged that physicians should study methods of curing diseases regarded as incurable. Cancer presents a most important field in which to exercise the great philosopher's injunction. Dr. Goodell presents some most interesting cases in which local treatment materially retarded the disease, and others in which it was apparently permanently cured. Certainly this darkest chapter of uterine pathology becomes less dark by the light of his experience.

One of the most valuable of the *Lessons* is the eighteenth, *Vegetations of the Endometrium*. The non-malignant form of these vegetations, *endometritis hyperplastica*, generally readily yields to the curette and swabbing the surface with a strong tincture of iodine. Dr. G. states that the dull wire curette of Thomas sometimes fails, and then he uses Sim's sharp curette. We confess that we prefer Récamier's instrument to either.

He states, "whenever the redundant mucous membrane hangs down in spongy folds, I have

found nothing to remove it so well as a small pair of fenestrated polypus forceps." We were in the habit of using such forceps for this purpose until two or three years ago we got a pair of Emmet's curette forceps, and since using this instrument find it unnecessary, in many cases, to resort to the curette itself.

Uterine Polypus and *Fibroids* are the subjects of the nineteenth and twentieth lessons, while the treatment of the latter is considered in the twenty-first lesson.

The twenty-second lesson is upon *Spaying for Fibroid Tumors of the Womb, and for Other Disorders of Menstrual Life*. This important subject is discussed ably and impartially; valuable tables of the operations, and of the effect of double ovariectomy upon menstruation, are given, and every help now possible given for reaching a just conclusion. While not yet prepared to give our adhesion to the operation, the investigations of Dr. Goodell certainly present it in a more favorable light. In the *Edinburgh Medical Journal*, June 1879, Prof. Simpson narrates a successful case operated upon June 1878. On the other hand, is it not probable there have been unsuccessful cases that have not been reported, or that the percentage of recoveries, of cures partial or complete, and of deaths, is still unsettled?

Ovarian Cystic Disease and its Treatment are faithfully presented in the twenty-fourth lesson, while *Vaginal Ovariectomy* is the subject of the twenty-fifth.

The next lesson is entitled *Nerve Tire and Womb Ills; or the Relation of Neurasthenia to Diseases of the Womb*. To our notion the *alias* is the better title, and under it the paper appears in the third volume of the *Transactions of the American Gynecological Society*.* The profession is already quite familiar with this admirable contribution. He who puts in practice the instruction here given will rescue many a poor sufferer from chronic invalidism, promote her happiness, prolong her life.

The twenty-seventh lesson gives us *Practical Hints for the Prevention of Uterine Disorders*; hints that are, indeed, of the utmost importance. Then we have in the twenty-eighth a discussion of the *Relation which Faulty Closet Accommodations bear to the Diseases of Women*—not "a dainty dish to set before" any one, it might be imagined, but yet delicately, plainly, usefully presented.

The final lesson is entitled, *The Sexual Relations as Causes of Uterine Disorders*. These

* Annual Address by the President.

are referred to as *Conjugal Onanism, and Kindred Diseases*. But is it a proper use of language to indicate that onanism, conjugal or not, is a disease, as is implied in the addition of "and kindred diseases?" The onanism may, and does generally, induce disease, but it is a voluntary act, and therefore can hardly be classed as itself a disease. However, let this pass. The lesson is an exceedingly valuable one, dealing with most delicate topics, topics having most fundamental relations, not only to good health but to good morals, and yet considering them with plain speech and wise counsels. Sexual excess, the fountain of countless miseries and immoralities, has no more fruitful source than in the unenlightened imagination, the unchecked and impure fancies of youth. The growing boy frequently passes into his physical manhood ignorant of the womanly nature save as he learns it from obscene books or obscene companions. By and by he enters married life, possibly continent to that time, and then gives loose rein to the imperious passion that has grown with his years and strengthened with licentious imagination and lascivious dreams, so often believing that woman is altogether such an one as himself. Most heartily do we wish a truer knowledge of the womanly nature and the womanly character could be imparted to young men! Such a work as *Acton on the Reproductive Organs*, if not put in Sunday-school libraries, ought to be faithfully read by every youth entering manhood. Knowledge then and thus given would do a vast deal toward repressing licentiousness in its germs, whether that licentiousness be in the home or in the house of prostitution.

But we must bring our notice to a close. Dr. Goodell's book is one of the most valuable ever given the profession. It is a book that a doctor cannot help reading; and reading cannot help understanding; and understanding cannot help obtaining much knowledge of constant utility in his professional duties.

Such clear, vigorous English as Dr. Goodell uses is not found in all the works of medical libraries. We do not know his superior as a writer. Coleridge, we believe, remarked of Luther that his words were half battles. Dr. Goodell's words are whole torches, making always and everywhere his thoughts luminous.

We have but one regret to express as to the book, and this regret is that there is not more of it.

—Dr. J. Marion Sims' article on "Epithelioma of the Cervix Uteri," has been reprinted in pamphlet form. (Wm. Wood & Co.)

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D. G. BRINTON, M.D., EDITOR.

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**VETERINARY MEDICINE AS A CAREER FOR
 YOUNG MEN.**

We have before us a pamphlet, entitled "An Appeal to the Citizens of Pennsylvania for the Foundation of a Veterinary Department in the University of Pennsylvania."

This Appeal is timely, able, and ought to be promptly successful. It sets forth in strong, almost startling, language the necessity for an improved condition of veterinary science in the United States, on grounds at once humanitarian and economical; and also the advantage to the young men of this country in thus opening to them a career new, beneficent and profitable. Let us briefly review these arguments.

In 1870 the money value of the live stock of the United States was appraised at a little less than \$2,000,000,000—two thousand millions of dollars. The most experienced stock owners estimate the loss annually from preventable and curable diseases at from 2 to 7 per cent.; in other words, at from forty million to two hundred and forty million dollars every year! Hog cholera alone, a distinctly preventable disease, taxes the Mis-

issippi Valley at from \$20,000,000 to \$40,000,000 almost every year. The loss in the single State of New York from epidemic abortion in cows has reached as high as \$10,000,000 in a single year. The epizooty in horses, in each of its several visits to the United States, has been estimated to have reduced the national wealth over \$50,000,000. The immense interests involved in our shipments of live horses, cattle and sheep to Europe stand in hourly peril of destruction, from the dread of European powers at having epidemic diseases introduced there. These are but a small part of the facts and figures which the "Appeal" before us marshals to prove the urgent call for immediate and thorough instruction in veterinary science in this country.

Secondly, we may refer to its humanitarian aspect. The prevention of suffering in the lower animals as a principle of morals is a glorious development of modern civilization; it broadens sympathy to all that can feel; it extends charity to the alleviation of every form of suffering; and it does so, not out of superstition, but from a growth of purely ethical considerations. Hence it is that the Societies for the Prevention of Cruelty to Animals have taken an active participation in the furtherance of the study of veterinary medicine. The "Appeal" is largely made up by an address by the President of that Society in this city, and it is published under the auspices of the Society. Every one who has traveled much has witnessed the needless brutality to sick animals which prevails on cars, in public stables and on the road; and worse yet is the ignorant cruelty, the mediæval barbarity, which the cow leeches and horse doctors of this country inflict on their four-footed patients, under the pretence of treating them for disease. The gross neglect of every kindly consideration for their stock in the swill-milk stables of New York and the hog pens of the western distilleries have been matter of general newspaper comment. All this could be amended by a proper veterinary education of the profession and the masses.

The "Appeal" most justly stigmatizes the sort of contempt with which the profession of

veterinary science is regarded in the United States. It reminds the reader that in Europe the educated veterinarian is respected and recognized as a man of science; that men of position and liberal culture, graduates of the most famous universities, have taken it up as their life work, and have shown it to be as dignified, useful and noble as any profession whatsoever, as any department of business.

Hence it is that the appeal is made to young men of good preliminary education and prospects to qualify themselves in veterinary medicine, rather than to enter into the over crowded, underpaid, uncertain business of the ordinary M.D. More certain pecuniary returns await them, and a greater probability of fame and fortune. Just now this advice is golden. It requires no prophet to predict that in another score of years thousands will be turning their attention to veterinary studies, while now the field is wide and the laborers few; competition is almost unknown, and all the honors are open for the earliest aspirants. Congressional and legislative bodies are beginning to appropriate money by the tens of thousands of dollars every year to investigate and prevent epidemics among stock, driven thereto by the clamors of farmers and stock shippers. It will not be long before the American public awakes to the need of veterinarians of the very highest education. Who will be the first to secure the honors and emoluments of this new opening for young men?

With this general improvement in the education of veterinarians in this country must go, *pari passu*, the instruction of the mass of farmers and stock owners in the sanitation and domestic treatment of animals. And it is certainly a subject of congratulation that the very best book on this subject—acknowledged to be so by the leading English and American authorities—is that by an American physician, Dr. L. V. TELLOR. Of this, the leading English authority, the *Live Stock Journal* of London, says that after careful examination it can say of it that "it is the best book of the kind we have yet seen."

THE NEED OF MORE BACKBONE ON THE PROSTITUTION QUESTION.

An instance of the feeble and timid style in which medical writers of this country speak of the legal control of prostitution, is exhibited in the *Detroit Lancet* of recent date. In a three-column editorial the subject is handled with gloves of double thickness and extra lined. The editor deprecates strong speaking on the subject. He can "scarcely accept the clamor of either side as the indication of any proper course of action;" and he makes the sage and profound observation, "If only we could engage all the children of the land in honest, worthy pursuits, we would be certain that there would be little demand for prostitutes by the next generation." Very true, most sapient moralist! And so also there would be little demand for prisons or workhouses, for preachers or for doctors. No doubt, if we could introduce the millenium at once, we should be quite virtuous.

But in his own suggestion for the doing away with prostitution the learned editor transcends himself. It is so striking, that we quote it in his own words:—

There is one law that would be efficient, viz., one that would place adultery on the same ground as murder, or even stealing. To punish all adulterers by imprisonment and hard labor would wonderfully purify society. The enactment and enforcement of any such law is, of course, in the present state of morals, simply chimerical. Nevertheless, we think that the advocates of law would do well to work toward the above end. The attainment of such an end means a far higher respect for *humanity* and human rights than has ever held sway upon the earth.

This is a fair indication of the amount of knowledge with which most writers approach this subject. We have not at hand the statutes of Michigan; but if there is not among them one which makes adultery a felony, punishable with imprisonment, and a more serious crime in the eye of the law than many cases of stealing, then we will give odds that Michigan is the only one among Christian commonwealths that is without it. We will say, for the information of that writer, that Pennsylvania has such a law, and that it is enforced, and that many a man is now in durance vile in this State for breaking it;

but for all that, and in spite of this "chimerical" morality we enjoy, the professional prostitutes in Philadelphia are counted by the thousand, and any night he chooses he can pick them up by the dozen on our most prominent streets.

The editor of the Detroit *Lancet* knows perfectly well that there is not a regular medical journal in England, or on the Continent of Europe, that opposes the laws for the regulation and sanitary supervision of prostitution; he knows that he cannot name six physicians in Europe, of the least prominence, who have ranked themselves against those laws. He knows, too, that the medical profession has the best chance to judge of the effects of those laws, and he cannot deny that its expression is that of pure, unprejudiced, philanthropic men. Yet in all this he sees no "indication of any proper course of action!" If this is not cant or cowardice, what is it?

NOTES AND COMMENTS.

Therapeutical Notes.

SULPHUR IN ACNE PUNCTATA.

The acne which occurs on the face of young persons is often very distressing to them. Dr. J. G. Parsons tells, in the *British Medical Journal*, a simple and efficient remedy. It is to dust the face with pure precipitated sulphur every night, with an ordinary toilet puff. This will usually effect a cure in about a week.

CERIUM OXALATE IN PERTUSSIS.

The latest specific in whooping cough is the oxalate of cerium. It is given in doses of gr. $\frac{1}{2}$ -2, before breakfast, once daily. Dr. T. Clark has recommended it in the *Practitioner*, and a New York physician, Dr. Morje, has reported favorably from its use.

QUININE IN GOUT.

From his experience in a half a dozen cases, Dr. C. W. Schöeneman (*Pacific Medical Journal*) believes that quinine will cut short an attack of gout. He gives:—

R. Quinæ sulphatis, gr. iij.
Sodii bicarb., gr. xij. M.

This amount every two hours during the day.

No other medication is needed, though the joint may be painted with tincture of iodine.

INFANTILE COLIC.

Instead of treating these cases with opiates, Dr. J. P. F. Brunner recommends, in the *Pa-*

cific Medical Journal, the following combination, which he finds gives almost instantaneous relief and effects a permanent cure:—

R. Tincturæ assafetidæ, gtt. xv
Tincturæ cinnamomi, 3 ss
Sodii bicarbonatis, 3 j
Syrupi rhei aromat., 3 iij
Aque, 3 iss. M.

Sig.—Half a teaspoonful every three hours.

ACETATE OF LEAD IN DIARRHŒA.

In the London *Medical Times and Gazette*, Dr. B. Nicholson recommends, in ordinary diarrhœa and such as precedes dysentery, the following, which he finds almost universally successful:—

R. Plumbi acetatis, gr. iv
Pulveris opii, gr. 4. M.

For one dose, thrice daily.

No good, but rather disadvantage, resulted from increasing the amount of opium, though the quarter of a grain was decidedly useful. As to the acetate of lead, it is convenient and portable, sedative as well as astringent.

ERGOT IN PHARYNGITIS.

In chronic pharyngitis, where the blood vessels of the pharynx are enlarged and tortuous, and the secretion moderate, Dr. Dabney reports (*American Journal of the Medical Sciences*) excellent results from the following:—

R. Ergotinæ, gr. xx
Tinct. iodinii, fl. ʒ j
Glycerinæ, fl. ʒ j. M.

Sig.—Apply to the pharynx freely, twice a day, with a camel's-hair brush.

A solution of Squibbs' solid extract of ergot also acts well in these cases, applied in the same manner.

Remedies in Tetanus.

In the last number of Schmidt's *Jahrbücher*, Dr. Knecht closes a long review of the recent treatment of tetanus. He finds that the plans adopted give the following result:—

By means of *surgical measures* (nerve stretching, excision, etc.), of 58 cases treated 28 died; mortality 48 per cent.

51 cases were treated with *curare*, of which 26 died; mortality 49 per cent.

60 cases were treated with *calabar bean*; of these 27 died; mortality 45 per cent.

134 cases were treated with *chloral* alone, of which 55 died; mortality, 41 per cent. To these add 23 cases treated by combining chloral either with bromide of potash, morphia, cannabis indica or belladonna, with only 4 deaths, and the mortality is 37 per cent.

63 cases treated in various other methods (bel-

ladonna, baths, jaborandi, opium, expectant method, etc.), gave 31 deaths; mortality 49 per cent.

From this exhaustive study he reaches the conclusion that *chloral*, especially in combination, should have the decided preference in the treatment of this formidable complication of wounds. Dr. Knecht refers to the case given in the *MEDICAL AND SURGICAL REPORTER*, vol. xxxvii, p. 268, as a good example of careful treatment.

Legal Objections to Cremation.

The medico-legal objections to cremation have been met by Dr. Trachini-Bonfanti, of Milan in an able paper. Dr. T. has been for 26 years the official medical expert of the criminal court of Milan; has in that period had charge of thousands of cases involving medico-legal questions; yet among them all only ten involved the exhumation of bodies, and four of these were in a case where the murderer had buried them himself, for concealment. This illustrates how slight is the oft-repeated objection to cremation that it destroys medico-legal evidence. It should be remembered that vegetable poisons can rarely be discovered after inhumation; while mineral ones are discoverable in the ashes.

Our countrymen will recall, in this relation, the example of Henry Laurens, of South Carolina, the first President of the Congress of the United States. He died at Charleston in 1783, and in his will directed his son to burn his body on the third day, as the sole condition of inheriting an estate of sixty thousand pounds sterling.

In Vino Veritas.

In the *Vierteljahrschrift für Gerichtliche Medicin*, July, Dr. Westphal reports the case of a murderer who was alleged to be partially insane. Among the tests was the administration, on two occasions, of sufficient brandy to make him quite drunk. In this condition of intoxication he plied him with a number of questions, believing that if his delusions were simulated he could not keep up the deceit when so much in liquor. As the man still persisted in his insane statements, the expert concluded that he was really demented.

A Sanitary Puzzle.

One would suppose that a race who live out doors, in a pure, dry air; who are temperate in all things, never touching distilled or fermented liquors; who are moderate in passions, simple

in life, and cleanly in habits; would be blessed with length of days. The Bedouin tribes of the Euphrates are such a race. But, according to Lady Anne Blunt's recent book of travels, in spite of their absolute temperance and constant open air life, they decay prematurely. Well made and handsome in youth, at forty their beards are gray; at fifty they are old; and the age of sixty is reached by few.

CORRESPONDENCE.

FOREIGN.

Letter from London.

ED. MED. AND SURG. REPORTER:—

During a pleasant call upon Dr. Hughlings Jackson, he kindly invited me to visit his wards in the London Hospital with him. This, of course, gave me an opportunity to see very many cases of nervous diseases of all sorts. The Doctor is in hopes that something yet will be found as a more radical mode of treatment for epilepsy. As yet, he says, it is rather discouraging, but the problem must be worked at as it is presented to us, and for various reasons he feels quite sure the future will be brighter for the poor epileptic. His experience with the bromides, as regards producing an eruption, is that only in exceptional cases is such an unpleasant feature present, and when such does come it is quite well controlled by the use of arsenic.

If I mistake not, our Dr. Mitchell says the same, that the bromides produce eruptions only occasionally.

My own limited experience has been just the reverse. It may be all the exceptional cases happened to me. At any rate, the acne of bromism has been a bother to me in several cases where it was necessary to push the remedy.

The English physicians love theory, and it was quite amusing, and indeed not without interest, to hear a doctor from Manchester, of some local repute, discussing with Dr. Jackson, as we all went the rounds, the "localization" and the "tracts," and the "ganglia." It were well for a medical man to be fresh from the hands of a *Pancoast* or a *Leidy* before venturing to join in the discussion.

By the way, this same gentleman from Manchester had brought down to London, to show the Pathological Society, sections of the cord of patients dying of hydrophobia. He found certain tracts of the cord changed. Dr. Mackenzie feared these "changes" were simply the effect of staining. Dr. Jackson replied that the fact was valuable, even if the changes were *post-mortem* ones and the result of coloring, if each time certain distinct tracts were so affected. During this conversation, Dr. Jackson's character was nicely displayed. He is an unassuming man. To look at him, one would scarcely imagine the work so well known as connected with the name of Hughlings Jackson was done by him. Small in stature, pleasant in manner, with

a kindly smile, but none of that pompous, swelling style so often connected with men who know their names are a power, who are conscious of the great work done by them, and would ever remind those around them of it. During this talk about hydrophobia Dr. Jackson exclaimed, over and over again, "I trust you are right, Doctor, I trust you are right." That is, he is anxious to have the practice of medicine to be more sure, the relief to mankind more positive, especially of those diseases of the nervous system which so far seem to baffle all efforts made to cure or arrest them, and he cares not *who* adds a little here and a little there so only that it is done. He does not desire that each and every advance made in neurology shall be made by him alone.

The other cases seen were chorea, hemiplegia and muscular spasms. The treatment of chorea is about the same as by Weir Mitchell, in Philadelphia, concerning which I have written much within a year or two. The case of spasm was of the muscles of the left arm, occurring in a man who had a severe fall eight years ago, after which this gradually came on. It was a constant and very severe spasm of chiefly the flexor muscles, and was a most distressing sight. Treatment, so far, had accomplished very little. In reply to a question what had afforded him the most relief, the man said curare.

The doctor from Manchester (I am sorry to have forgotten his name), said in a few similar cases he has been able to find one certain spot in the spinal column if pressure is made upon which the spasms are controlled, and has had permanent pressure made over the spot. Again, he said, other spots if pressed upon seemed to make the spasms worse. C. C. V.

DOMESTIC.

A Case of Congenital Hydrocephalus.

ED. MED. AND SURG. REPORTER:—

On November 5th, 1878, I was called, at ten o'clock P.M., to visit Mrs. C., four miles in the country. On arriving I found a strong, healthy, well formed lady in labor with her fourth child; pains very weak and far between. I made per vaginam examination; found os well dilated and breech presenting. Gave one fluid drachm extract ergot at twelve o'clock. It did not encourage the pains much. At one o'clock A.M. gave one drachm more of ergot; this brought about violent ergotism.

The body and lower extremities were now born. Child living. At this moment all pains ceased. I could not succeed with the delivery. Believing that there was some malformation of the head, I sent for Dr. W. D. Craig, of Alledo, Mercer county, Ill., instruments and chloroform. Dr. Craig arrived at four A.M. Gave anæsthetic, and Dr. Craig with difficulty delivered the arms, but could not proceed any further with the delivery. Child now dead. The shoulders were drawn up so closely to the vulva of the mother that no examination could be made; labor pains having entirely ceased.

After further council we agreed to decapitate,

which was done. The head now receded into the body of the uterus.

We now diagnosed our case to be one of hydrocephalus. Dr. Craig introduced the blunt hook into the mouth of the "dead head," and drawing it down into or against the pubic arch, gave it to me to hold while he, with a wrapped scalpel, made an opening in the left parietal bone of the cranium, when a gallon or more of fluid flowed, with small particles of brain. The skull now collapsed, and was delivered easily. I removed a large and healthy placenta. The patient had a good recovery, and said she felt better than after former confinements.

Can any of the correspondents of the MEDICAL AND SURGICAL REPORTER suggest any better plan of delivering a hydrocephalic baby than by decapitation? If so, please give us your suggestions through the MEDICAL AND SURGICAL REPORTER. GEO. IRVIN, M.D.

Alledo, Mercer Co., Ill.

NEWS AND MISCELLANY.

Two Prize Essays.

The German Empress has offered a prize of 2000 marks (\$500.00) for the best essay on Diphtheria. The conditions are, that the writer is to bring forward important new facts as to the essential nature of the disease, especially with regard to the infectious matter which propagates it, its dissemination, and the means for arresting its progress. The essays may be written in German, English, or French, and must be sent to Prof. v. Langenbeck, Berlin, N. W. 3 Roonstrasse, on or before December 15, 1880.

The Pharmaceutical College of Madrid offers a prize of 5000 reals, (\$250.00) to the author of the best memoir on the following subject:—

On a septic poison, with explanation of the method of isolation, and the experimental studies by which this is attained; with a demonstration of its nature, composition, properties and characteristics. A specimen of the poison is to accompany the monograph.

The competition will remain open until September 21, 1880, and competitors may be of any nation, but the memoir must be written in Spanish, French, or Latin.

New Medical Colleges.

Two "first announcements" of medical colleges reached us simultaneously the other day. One is that of "The Medical Department of the Arkansas Industrial University," at Little Rock. It is to have a voluntary graded three years' course, and in all respects to conform to the Articles of Confederation of American Medical Colleges agreed to at Atlanta. Attention is called to the fact that the General Assembly of the State of Arkansas passed an act legalizing dissection in 1873, and that subjects can be obtained without difficulty. The Secretary of the Faculty is Dr. R. G. Jennings, of Little Rock.

The second announcement is that of the "Homœopathic College of Physicians and Sur-

geons (Modern School)," Buffalo, N. Y. It seems the "modern school" of homeopaths intend to renounce what they call in this circular "infinitesimal and transcendental therapeutics," and give as big doses as they please. As the circular says—"the size of the dose has nothing whatever to do with therapeutics" (p. 6). It further adds: "An ounce of sulphate of magnesia in a case of diarrhoea is as homœopathic as a fractional part of a grain. Modern practitioners only claim for homœopathy that it is an addition to the old system of medical science, that it is simply a reform in the department of therapeutics, and that it begins where allopathy and all other schools end." As we have repeatedly shown, and as Hahnemann himself took pains to show, that the theory of *similia similibus* was constantly and largely practiced long before his birth, this last sentence is either a manifestation of gross ignorance or deliberate falsehood, we cannot tell which. But it is gratifying to see the follies of homœopathy recognized as such by its followers, and rejected one by one.

Some Pharmaceutical Novelties.

JAMES W. HORLICK & CO.'S PREPARATIONS.

We referred to these a few weeks ago. Since then we have employed their "Infant Food" and "Sugar of Malt" in several cases, including summer complaint of children, dyspepsia in adults and defective nutrition in phthisis. We have been much pleased with the results, and especially for infants, at this season of the year, we think their preparations most excellent. The firm has explained to us the method of manufacture, and it is well calculated to insure a permanent and valuable product.

GELATINE-COATED PILLS.

Some specimens of these pills, prepared by KEASBEY & MATTISON of this city, represent a high state of the pharmaceutical art. They resist the effects of moisture and temperature, are easy to swallow, and reliable in effect.

THYMOL CAPSULES; NITRO-GLYCERINE TABLETS.

We note these English preparations as desirable additions to pharmacy. Are they also made by American pharmacists? We do not know. The thymol is used in dyspepsia; gr. j in a capsule. The nitro-glycerine is valued in angina pectoris and sea sickness; one drop of a one per cent. solution in a chocolate tablet.

Sanitary Condition of Havana.

Dr. Chaillé, chairman of the Havana Commission, writes as follows, under date of July 18:—

As to the sanitary condition of Havana and of its harbor, it would be difficult to devise conditions more favorable to propagate disease. Built upon a thin layer of earth which covers extremely porous coral rocks, this foundation is deeply saturated with the excrements of many thousands of human beings and of animals, continuously deposited throughout a long series of years. Nothing can be worse or more offensive than the privy system of Havana. Associated with the evil hygienic conditions of the city, the harbor is, if possible, in even fouler condition.

This harbor, about one mile long, two-thirds of a mile wide, and some thirty feet deep in the deepest places, has a difference between its minimum low and its maximum high tide of less than two feet; and into this almost stagnant pond is daily poured the sewerage of the city, the offal of the slaughter houses, and the refuse from at least two large hospitals habitually infected with yellow fever and located on the very edge of the harbor. The fecal odor from this harbor is often distinctly perceptible.

Physicians in Foreign Countries.

American physicians who contemplate visiting Europe often desire to know under what regulations they can practice there. In France they will have to submit to an examination in the French language for "Officier de Santé," which is the lowest French medical qualification. In Belgium there is a similar examination demanded, after which the application to practice comes before a Board, which mostly refuses it. In Germany and Austria a foreigner may usually practice without hindrance, but he can take no legal standing as a physician unless he obtains a diploma from a German university. In Switzerland permission to practice can be obtained from the local officials, but it is revocable at their option. In Italy a diploma from a leading college will secure permission without difficulty. In Great Britain there are a number of licensing bodies from whom permits to practice can be obtained by submitting a diploma or passing an examination.

Animal Vaccination.

The use of animal virus is rapidly on the increase. A bill has been introduced into the British Parliament, with the object of procuring the vaccine lymph direct from calves. Under its provisions it will be compulsory on any public vaccinator, whenever the parents of a child shall demand to have it vaccinated with animal lymph, to have it so inoculated, and in case the demand be not complied with, no prosecution shall lie against the parents for refusing to have the operation performed otherwise.

Dr. Pissin, of Berlin, has published a report covering fourteen years of the progress of the "Institute for Animal Vaccination," in that city. It is full of valuable information on the subject. In the last four years the percentage of successes in primary vaccinations were 97 per cent.; in re-vaccinations 74 per cent.

A physician in Trier has lately had to pay a fine of 600 marks (\$120.00) for inoculating a child with syphilis by means of a vaccine crust from another infant.

The Canal Boatmen.

We have learned since printing our editorial on pages 81, 82, that the sanitary supervision of canal boatmen does not come under the charge of the U. S. Marine Hospital Service, inasmuch as they pay no dues. It is a pity that they don't, as they would then be prevented from disseminating disease, as, from late English reports, it is very likely they now do.

Dr. Yandell on the Woman Question.

Dr. L. P. Yandell, in a letter from London to the *Louisville Medical News*, speaks thus on the woman question: and a good thing about the Dr. is that when he speaks he leaves no doubt as to what he means:—

"I have met two fine English women who have lately returned from their medical studies in France, and at an early day will take their degrees. I see no reason, barring human prejudice, why they should not succeed in the profession they have chosen. Having strong minds, rare educations, high professional acquirements, fine presence, and all the ambition and energy that could be desired, what hinders them? For my part, I am strongly inclined to allow—nay, I am in favor of allowing—the fillies an equal chance with the colts in the race for the medical cup and purse."

Personal.

—Dr. Brücke, Professor of Physiology, has been elected Rector Magnificus of the University of Vienna. He is the first Rector since the foundation of the University who has not been a Roman Catholic. He is a Protestant.

—Two young sons of Dr. A. H. Boyd, in Livingston county, Ky., being ill, their father determined to give them *santonine*, but through mistake gave them some poison. In half an hour they had spasms, and one died in half and the other in three-quarters of an hour. The *santonine* will be analyzed.

—The death is announced, of Mr. Charles F. Maunder, F.R.C.S., a distinguished London surgeon, at the early age of forty-seven. Overwork and financial losses led to an affection of the brain, and in an attack of aberration he committed suicide. He was author of an "Operative Surgery," a "Surgery of the Arteries," and other works.

—There is a movement on foot in the Georgia Legislature to procure the selection of the late Dr. Crawford W. Long, of Athens, as one of the two prominent men of the State whose statues are to be placed in the National Gallery of the Washington Capital. As the discoverer of *anæsthesia*, the *Atlanta Constitution* says that Georgia never produced a man whose labors entitle him to greater recognition or more enduring fame.

Items.

—The Select Committee of the House of Commons on the Coroner's (England) Bill has determined to recommend that in future medical men shall be disqualified from holding the office of coroner.

—A disease of the digestive system is ravaging Centre Point, Lynn county, Iowa. Fully twenty persons have died from its effects during the last thirteen days of July, and an equal number have been prostrated by it. It is also raging in Walker, a little town seven miles from Centre Point, several deaths have occurred there. By some it is said to be epidemic dysentery.

OBITUARY NOTICES.

—Dr. John Vincent Morgan, who died recently in Newburgh, was a young man of great promise. He studied in Berlin, Paris and Vienna, and practiced in New York.

—Killed by lightning, on the evening of July 16th, 1879, Dr. Lucian Melville Sykes, of Muldon, Mississippi. Dr. Sykes was a prominent physician in his county, a member of the Monroe County Medical Society and the Mississippi State Medical Association. The latter delegated him, last April, to the American Medical Association, at the meeting held in Atlanta, Ga.

—Of recent deaths among foreign medical men may be mentioned that of M. Faivre, Professor of Botany at the Faculty of Sciences, at Lyons; Dr. Jacquemier, an eminent obstetrician of Paris; Dr. Campbell, another Parisian obstetrician well known in the "American colony."

QUERIES AND REPLIES.

Dr. D. presents this case:—*Dr. A.* is a regular physician. *Dr. Z.*, a homœopath. At the solicitation of *Dr. Z.* *Dr. A.* accompanied *Dr. Z.* to see a patient of his (*Dr. Z.*'s), and prescribed for said patient. Has not *Dr. A.* violated the code of Ethics?

Ans.—He certainly has. The following is an extract from the English Code of Medical Ethics, edited by *Dr. Styrax*:—

"For a legitimate or orthodox practitioner to meet a professor of homœopathy in consultation, is a dishonest and a degrading act—dishonest, because he lends his countenance to that which he knows to be a dangerous fallacy; and degrading, inasmuch as he has neither the manly professional honesty to resist the temptation of a possibly liberal fee, nor the moral courage to discountenance the capricious vagaries of a patient."

Talis. Propylamin, or more correctly trimethylamin, was fully tried in acute rheumatism as much as twenty-five years ago; but in spite of all that has been said in its favor, somehow it has gained no permanent foothold. The chloride sells at about \$7.00 per oz.

Dr. I. K., of Ill. We have heard of dandelion root coffee being used, but that taraxacum in this shape has any "deobstruent" or other effect on the liver, we doubt.

Dr. Elmore. There is a biographical sketch of *Dr. Benj. Church* in Thacher's *Medical Biographies*. He was something of a poet and more of a Tory.

Azure. If anything further was wanted to show the folly of the "blue glass mania," it is given in the recent demonstration of *Dr. Draper*, that there are no "heat rays" or "chemical rays" in the spectrum, but that all the rays have equal calorific and chemical powers.

MARRIAGES.

BANNING—LOCKWOOD.—July 23, at Mount Vernon, N. Y., by the Rev. Stephen F. Holmes, Rector Trinity Church, Archibald T. Banning, M.D., and Jessie T., daughter of John A. Lockwood.

DEATHS.

HARRIS.—In Memphis, Tenn., July 20th, of yellow fever, *Dr. J. C. Harris*.

MORGAN.—In New York, on Friday, 25th ult., John V. Morgan, M.D., son of the late Geo. Morgan, of New Orleans.